



QUARTERLY STATEMENT
AS OF March 31, 2009
OF THE CONDITION AND AFFAIRS OF THE
TOTAL HEALTH CARE USA, INC.

| | | | | | | |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------|------------|----------------------|------------|
| NAIC Group Code | 1238 (Current Period) | 1238 (Prior Period) | NAIC Company Code | 12326 | Employer's ID Number | 38-3240485 |
| Organized under the Laws of | Michigan | | State of Domicile or Port of Entry | Michigan | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X] | | | | | |
| Incorporated/Organized | 02/18/1994 | | Commenced Business | 02/18/1994 | | |
| Statutory Home Office | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number) | | DETROIT, MI 48202 (City, or Town, State and Zip Code) | | | |
| Main Administrative Office | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number) DETROIT, MI 48202 (City or Town, State and Zip Code) | | | | | |
| Mail Address | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number or P.O. Box) | | DETROIT, MI 48202 (City, or Town, State and Zip Code) | | | |
| Primary Location of Books and Records | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number) | | DETROIT, MI 48202 (City, or Town, State and Zip Code) | | | |
| Internet Web Site Address | TOTALHEALTHCAREONLINE.COM | | (313)871-2000 (Area Code) (Telephone Number) | | | |
| Statutory Statement Contact | GERARD A HAMANN, CFO (Name) GHAMANN@THC-ONLINE.COM (E-Mail Address) | | (313)871-7879 (Area Code)(Telephone Number)(Extension) (313)871-7406 (Fax Number) | | | |

OFFICERS

| Name | Title |
|---------------------------------|--------------------|
| LYLE EDWARD ALGATE | EXECUTIVE DIRECTOR |
| KATHY KATHER | SECRETARY |
| DOUGLAS PAUL BAKER | TREASURER |
| ROBYN JAMES ARRINGTON JR., M.D. | MEDICAL DIRECTOR |

OTHERS

DIRECTORS OR TRUSTEES

DOUGLAS PAUL BAKER
RUBY COLE
KATHY KATHER

State of Michigan
County of WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|--------------------|----------------|----------------|
| | | |
| (Signature) | (Signature) | (Signature) |
| LYLE EDWARD ALGATE | KATHY KATHER | DOUGLAS BAKER |
| (Printed Name) | (Printed Name) | (Printed Name) |
| 1. | 2. | 3. |
| EXECUTIVE DIRECTOR | SECRETARY | TREASURER |
| (Title) | (Title) | (Title) |

| | | |
|----------------------------------------|--------------------------------|--------------|
| Subscribed and sworn to before me this | a. Is this an original filing? | Yes[X] No[] |
| day of , 2009 | b. If no, | |
| | 1. State the amendment number | |
| | 2. Date filed | |
| | 3. Number of pages attached | |
| (Notary Public Signature) | | |

ASSETS

| | | Current Statement Date | | | 4 |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|-----------------------------------|---------------------------------------------|
| | | 1 | 2 | 3 | |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | December 31, Prior Year Net Admitted Assets |
| 1. | Bonds | 1,636,904 | | 1,636,904 | 2,121,251 |
| 2. | Stocks: | | | | |
| 2.1 | Preferred stocks | | | | |
| 2.2 | Common stocks | | | | |
| 3. | Mortgage loans on real estate: | | | | |
| 3.1 | First liens | | | | |
| 3.2 | Other than first liens | | | | |
| 4. | Real estate: | | | | |
| 4.1 | Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 | Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 | Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. | Cash (\$.....4,509,777), cash equivalents (\$.....0) and short-term investments (\$.....7,745,521) | 12,255,298 | | 12,255,298 | 11,270,658 |
| 6. | Contract loans (including \$.....0 premium notes) | | | | |
| 7. | Other invested assets | | | | |
| 8. | Receivables for securities | | | | |
| 9. | Aggregate write-ins for invested assets | | | | |
| 10. | Subtotals, cash and invested assets (Lines 1 to 9) | 13,892,202 | | 13,892,202 | 13,391,909 |
| 11. | Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 12. | Investment income due and accrued | 130,240 | | 130,240 | 108,297 |
| 13. | Premiums and considerations: | | | | |
| 13.1 | Uncollected premiums and agents' balances in the course of collection | 1,050,978 | 68,818 | 982,160 | 1,207,976 |
| 13.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) | | | | |
| 13.3 | Accrued retrospective premiums | | | | |
| 14. | Reinsurance: | | | | |
| 14.1 | Amounts recoverable from reinsurers | 124,200 | 124,200 | | 184,036 |
| 14.2 | Funds held by or deposited with reinsured companies | | | | |
| 14.3 | Other amounts receivable under reinsurance contracts | | | | |
| 15. | Amounts receivable relating to uninsured plans | | | | |
| 16.1 | Current federal and foreign income tax recoverable and interest thereon | | | | |
| 16.2 | Net deferred tax asset | | | | |
| 17. | Guaranty funds receivable or on deposit | | | | |
| 18. | Electronic data processing equipment and software | | | | |
| 19. | Furniture and equipment, including health care delivery assets (\$.....0) | | | | |
| 20. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 21. | Receivables from parent, subsidiaries and affiliates | 10,202 | | 10,202 | 32,232 |
| 22. | Health care (\$.....492,239) and other amounts receivable | 498,998 | 78,154 | 420,844 | 342,668 |
| 23. | Aggregate write-ins for other than invested assets | 103,062 | 103,062 | | |
| 24. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) | 15,809,882 | 374,234 | 15,435,648 | 15,267,118 |
| 25. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 26. | Total (Lines 24 and 25) | 15,809,882 | 374,234 | 15,435,648 | 15,267,118 |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | | | | |
| 0999. | TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) | | | | |
| 2301. | Other Non Admitted | 103,062 | 103,062 | | |
| 2302. | | | | | |
| 2303. | | | | | |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. | TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | 103,062 | 103,062 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | | Current Period | | | Prior Year |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|----------------|------------|------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$.....0 reinsurance ceded) | 6,938,490 | | 6,938,490 | 7,212,592 |
| 2. | Accrued medical incentive pool and bonus amounts | 120,338 | | 120,338 | 91,026 |
| 3. | Unpaid claims adjustment expenses | 149,027 | | 149,027 | 140,792 |
| 4. | Aggregate health policy reserves | | | | |
| 5. | Aggregate life policy reserves | | | | |
| 6. | Property/casualty unearned premium reserve | | | | |
| 7. | Aggregate health claim reserves | | | | |
| 8. | Premiums received in advance | 1,133,950 | | 1,133,950 | 1,158,410 |
| 9. | General expenses due or accrued | 237,122 | | 237,122 | 174,724 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) | | | | |
| 10.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| 13. | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | | | | |
| 16. | Payable for securities | | | | |
| 17. | Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers) | | | | |
| 18. | Reinsurance in unauthorized companies | | | | |
| 19. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 20. | Liability for amounts held under uninsured plans | | | | |
| 21. | Aggregate write-ins for other liabilities (including \$.....0 current) | 1,000 | | 1,000 | 1,000 |
| 22. | Total liabilities (Lines 1 to 21) | 8,579,927 | | 8,579,927 | 8,778,544 |
| 23. | Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 24. | Common capital stock | X X X | X X X | | |
| 25. | Preferred capital stock | X X X | X X X | | |
| 26. | Gross paid in and contributed surplus | X X X | X X X | 6,273,089 | 6,273,089 |
| 27. | Surplus notes | X X X | X X X | | |
| 28. | Aggregate write-ins for other than special surplus funds | X X X | X X X | | |
| 29. | Unassigned funds (surplus) | X X X | X X X | 582,632 | 215,485 |
| 30. | Less treasury stock, at cost: | | | | |
| 30.1 |0 shares common (value included in Line 24 \$.....0) | X X X | X X X | | |
| 30.2 |0 shares preferred (value included in Line 25 \$.....0) | X X X | X X X | | |
| 31. | Total capital and surplus (Lines 23 to 29 minus Line 30) | X X X | X X X | 6,855,721 | 6,488,574 |
| 32. | Total Liabilities, capital and surplus (Lines 22 and 31) | X X X | X X X | 15,435,648 | 15,267,118 |
| DETAILS OF WRITE-INS | | | | | |
| 2101. | Accrued Other | 1,000 | | 1,000 | 1,000 |
| 2102. | | | | | |
| 2103. | | | | | |
| 2198. | Summary of remaining write-ins for Line 21 from overflow page | | | | |
| 2199. | TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above) | 1,000 | | 1,000 | 1,000 |
| 2301. | | X X X | X X X | | |
| 2302. | | X X X | X X X | | |
| 2303. | | X X X | X X X | | |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | X X X | X X X | | |
| 2399. | TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | X X X | X X X | | |
| 2801. | | X X X | X X X | | |
| 2802. | | X X X | X X X | | |
| 2803. | | X X X | X X X | | |
| 2898. | Summary of remaining write-ins for Line 28 from overflow page | X X X | X X X | | |
| 2899. | TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|--------------------|------------------------------|
| | | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. | Member Months | X X X | 53,354 | 38,821 | 177,574 |
| 2. | Net premium income (including \$.....0 non-health premium income) | X X X | 12,967,777 | 8,992,004 | 41,425,068 |
| 3. | Change in unearned premium reserves and reserves for rate credits | X X X | | | |
| 4. | Fee-for-service (net of \$.....0 medical expenses) | X X X | | | |
| 5. | Risk revenue | X X X | | | |
| 6. | Aggregate write-ins for other health care related revenues | X X X | | | |
| 7. | Aggregate write-ins for other non-health revenues | X X X | | | |
| 8. | Total revenues (Lines 2 to 7) | X X X | 12,967,777 | 8,992,004 | 41,425,068 |
| Hospital and Medical: | | | | | |
| 9. | Hospital/medical benefits | | 6,227,869 | 4,225,999 | 27,449,960 |
| 10. | Other professional services | | 1,889,229 | 1,178,579 | 4,843,720 |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | | 849,374 | 557,553 | 2,742,419 |
| 13. | Prescription drugs | | 1,471,708 | 880,016 | 4,318,139 |
| 14. | Aggregate write-ins for other hospital and medical | | 14 | 12,715 | 18,551 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | (27,277) | 106,588 | (237,507) |
| 16. | Subtotal (Lines 9 to 15) | | 10,410,917 | 6,961,450 | 39,135,282 |
| Less: | | | | | |
| 17. | Net reinsurance recoveries | | 45,279 | | 233,507 |
| 18. | Total hospital and medical (Lines 16 minus 17) | | 10,365,638 | 6,961,450 | 38,901,775 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$.....0 cost containment expenses | | 44,347 | 29,751 | 141,886 |
| 21. | General administrative expenses | | 2,167,126 | 1,457,826 | 7,011,370 |
| 22. | Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) | | | | |
| 23. | Total underwriting deductions (Lines 18 through 22) | | 12,577,111 | 8,449,027 | 46,055,031 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | 390,666 | 542,977 | (4,629,963) |
| 25. | Net investment income earned | | 60,407 | 87,243 | 348,819 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. | Net investment gains or (losses) (Lines 25 plus 26) | | 60,407 | 87,243 | 348,819 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] | | | | |
| 29. | Aggregate write-ins for other income or expenses | | | | |
| 30. | Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | 451,073 | 630,220 | (4,281,144) |
| 31. | Federal and foreign income taxes incurred | X X X | | | |
| 32. | Net income (loss) (Lines 30 minus 31) | X X X | 451,073 | 630,220 | (4,281,144) |
| DETAILS OF WRITE-INS | | | | | |
| 0601. | | X X X | | | |
| 0602. | | X X X | | | |
| 0603. | | X X X | | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. | TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | | |
| 0701. | | X X X | | | |
| 0702. | | X X X | | | |
| 0703. | | X X X | | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. | TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | | |
| 1401. | Other Expense | | 14 | 12,715 | 18,551 |
| 1402. | | | | | |
| 1403. | | | | | |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. | TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | 14 | 12,715 | 18,551 |
| 2901. | | | | | |
| 2902. | | | | | |
| 2903. | | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. | TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 | 3 |
|---------------------------|------------------------------------------------------------------------------------------|-------------------------|-----------------------|------------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | | |
| 33. | Capital and surplus prior reporting year | 6,488,574 | 10,062,527 | 10,062,527 |
| 34. | Net income or (loss) from Line 32 | 451,073 | 630,220 | (4,281,144) |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | | | |
| 39. | Change in nonadmitted assets | (83,926) | (5,855) | (246,809) |
| 40. | Change in unauthorized reinsurance | | | |
| 41. | Change in treasury stock | | | |
| 42. | Change in surplus notes | | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| 44.1 | Paid in | | | |
| 44.2 | Transferred from surplus (Stock Dividend) | | | |
| 44.3 | Transferred to surplus | | | |
| 45. | Surplus adjustments: | | | |
| 45.1 | Paid in | | 954,000 | 954,000 |
| 45.2 | Transferred to capital (Stock Dividend) | | | |
| 45.3 | Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | | | |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 367,147 | 1,578,365 | (3,573,953) |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 6,855,721 | 11,640,892 | 6,488,574 |
| DETAILS OF WRITE-INS | | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. | TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | |

CASH FLOW

| | | 1 Current Year To Date | 2 Prior Year Ended December 31 |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|
| Cash from Operations | | | |
| 1. | Premiums collected net of reinsurance | 13,246,461 | 40,950,619 |
| 2. | Net investment income | 38,464 | 245,336 |
| 3. | Miscellaneous income | (96,407) | (314,115) |
| 4. | Total (Lines 1 to 3) | 13,188,518 | 40,881,840 |
| 5. | Benefit and loss related payments | 10,550,592 | 35,640,135 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 2,203,238 | 7,092,249 |
| 8. | Dividends paid to policyholders | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | |
| 10. | Total (Lines 5 through 9) | 12,753,830 | 42,732,384 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 434,688 | (1,850,544) |
| Cash from Investments | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | |
| 12.1 | Bonds | 482,782 | 80,000 |
| 12.2 | Stocks | | |
| 12.3 | Mortgage loans | | |
| 12.4 | Real estate | | |
| 12.5 | Other invested assets | | |
| 12.6 | Net gains or (losses) on cash, cash equivalents and short-term investments | | |
| 12.7 | Miscellaneous proceeds | 1,565 | |
| 12.8 | Total investment proceeds (Lines 12.1 to 12.7) | 484,347 | 80,000 |
| 13. | Cost of investments acquired (long-term only): | | |
| 13.1 | Bonds | | 2,112,000 |
| 13.2 | Stocks | | |
| 13.3 | Mortgage loans | | |
| 13.4 | Real estate | | |
| 13.5 | Other invested assets | | |
| 13.6 | Miscellaneous applications | | 9,251 |
| 13.7 | Total investments acquired (Lines 13.1 to 13.6) | | 2,121,251 |
| 14. | Net increase (or decrease) in contract loans and premium notes | | |
| 15. | Net cash from investments (Line 12.8 minus Lines 13.7 and 14) | 484,347 | (2,041,251) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | | |
| 16.1 | Surplus notes, capital notes | | |
| 16.2 | Capital and paid in surplus, less treasury stock | | 954,000 |
| 16.3 | Borrowed funds | | |
| 16.4 | Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 | Dividends to stockholders | | |
| 16.6 | Other cash provided (applied) | 65,605 | (33,244) |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 65,605 | 920,756 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 984,640 | (2,971,039) |
| 19. | Cash, cash equivalents and short-term investments: | | |
| 19.1 | Beginning of year | 11,270,658 | 14,241,697 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 12,255,298 | 11,270,658 |

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

| Description | | Amount 1 | Amount 2 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| 20.0001 | During 2007, an agreement was negotiated with Total Health Care, Inc. (CARE), parent company of USA, whereby medical cost savings realized by USA under its blended provider contracts negotiated in conjunction with CARE would be shared with CARE. Refer to Footnote 10 for further details. During 2007 there was an adjustment for #3,819,089 which has been recorded as a increase of Hospital and Medical Expense. | | |
| 20.0002 | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------------------------------------------------------------|------------|------------------------------------|------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 17,243 | | 17,243 | | | | | | | |
| 2. First Quarter | 17,982 | | 17,982 | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 53,354 | | 53,354 | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 26,578 | | 26,578 | | | | | | | |
| 8. Non-Physician | 15,443 | | 15,443 | | | | | | | |
| 9. Total | 42,021 | | 42,021 | | | | | | | |
| 10. Hospital Patient Days Incurred | 1,108 | | 1,108 | | | | | | | |
| 11. Number of Inpatient Admissions | 304 | | 304 | | | | | | | |
| 12. Health Premiums Written (a) | 13,010,507 | | 13,010,507 | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 13,010,507 | | 13,010,507 | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 10,559,338 | | 10,559,338 | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 10,410,917 | | 10,410,917 | | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of Unpaid Claims | | | | | | |
|---------------------------------------------------------------------|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
| Individually Listed Claims Unpaid | | | | | | |
| RX AMERICA | 286,928 | | | | | 286,928 |
| 0199999 Individually Listed Claims Unpaid | 286,928 | | | | | 286,928 |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 263,262 | | | | | 263,262 |
| 0499999 Subtotals | 550,190 | | | | | 550,190 |
| 0599999 Unreported claims and other claim reserves | | | | | | 6,388,300 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 6,938,490 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts | | | | | | 120,338 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1+3) | 6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year |
|------------------------|-------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|
| | | 1 | 2 | 3 | 4 | | |
| | | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec.31 of Prior Year | On Claims Incurred During the Year | | |
| 1. | Comprehensive (hospital & medical) | 3,612,967 | 6,946,371 | 3,300,000 | 3,638,490 | 6,912,967 | 7,212,592 |
| 2. | Medicare Supplement | | | | | | |
| 3. | Dental only | | | | | | |
| 4. | Vision only | | | | | | |
| 5. | Federal Employees Health Benefits Plan | | | | | | |
| 6. | Title XVIII - Medicare | | | | | | |
| 7. | Title XIX - Medicaid | | | | | | |
| 8. | Other health | | | | | | |
| 9. | Health subtotal (Lines 1 to 8) | 3,612,967 | 6,946,371 | 3,300,000 | 3,638,490 | 6,912,967 | 7,212,592 |
| 10. | Healthcare receivables (a) | | | | | | |
| 11. | Other non-health | | | | | | |
| 12. | Medical incentive pools and bonus amounts | 37,194 | 13,896 | | 120,338 | 37,194 | 91,026 |
| 13. | Totals | 3,650,161 | 6,960,267 | 3,300,000 | 3,758,828 | 6,950,161 | 7,303,618 |

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

Note 1 – Nature of Business and Significant Accounting Policies

Total Health Care USA, Inc. (the "Company"), a not-for-profit corporation and wholly owned subsidiary of Total Health Care, Inc., operates as a state-licensed health maintenance organization (HMO) effective October 2005. The Company provides medical services to persons primarily in southeastern Michigan who subscribe as part of an employer group or as individuals.

Statutory Basis of Accounting – The financial statements have been prepared in accordance with the NAIC Accounting Practices and Procedures manual and the statutory accounting principles as prescribed by Section 1007 of the Michigan statutes. Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as certain receivables from affiliates) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately \$374,000 and \$290,000 at March 31, 2009 and December 31, 2008, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

Cash and Short-term Investments – The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles.

Investments – Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.

Revenue Recognition and Health Premiums Due and Unpaid – Subscriber premiums are recognized in the period that members are entitled to related health care services. A substantial portion of health premiums due and unpaid is due from third-party payors for subscribers located within southeastern Michigan. Health premiums due and unpaid are stated at invoice amounts. Unpaid invoices greater than 90 days old are treated as non-admitted for statutory accounting purposes.

Recognition of Medical and Hospital Expenses – Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end. Capitation retained for the settlement of risk-sharing is included in the accrued medical incentive pool liability at March 31, 2009 and December 31, 2008.

Notes to Financial Statement

Physician Group Contracts – The Company contracts with physician groups for the provision of medical care and compensates the groups on a capitation basis. During 2007, the Company revised its physician group contracts. These contracts have a specialty claims incentive and pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. If the providers do not meet the incentives, they share in the excess costs and a health care receivable is recorded if deemed collectible by management. During 2009 and 2008, health care receivables and payables have been recorded from/to providers.

Hospital Group Contracts – The Company contracts with several hospitals and other groups. These contracts are paid under capitated fees or various other charge arrangements.

Malpractice Claims – The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

Employee Staffing and Purchased Services Agreement – The Company has an employee staffing and purchased services agreement with Total Health Care, Inc., its parent company, which is responsible for payment of most of the management, operational, and administrative expenses. Ultimate operational control rests with the board of directors of Total Health Care USA, Inc.

Income Taxes – Total Health Care USA, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

Funds Maintained Under Statutory Requirements – The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be issued only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. Interest earned on these funds can be utilized by the Company. At March 31, 2009 and December 31, 2008, \$1,000,000 was held in a combination of cash and short-term investments to fulfill these requirements.

Use of Estimates – The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims. It is at least reasonably possible that these estimates will be materially revised in the near term.

A reconciliation of the Total Health USA's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

| | 2009 | 2008 |
|------------------------------------------|---------|-------------|
| (1) Net Income - State Basis | 451,073 | (4,281,144) |
| (2) State Prescribed Practices (Income): | | |
| Depreciation of fixed assets | 0 | 0 |
| (3) State Permitted Practices (Income): | | |
| Depreciation, home office property | 0 | 0 |
| (4) Net Income, NAIC SAP | 451,073 | (4,281,144) |

Notes to Financial Statement

| | | |
|-------------------------------------------|-----------|-----------|
| (5) Statutory Surplus State Basis | 6,855,721 | 6,488,574 |
| (6) State Prescribed Practices (Surplus): | | |
| Goodwill, net | 0 | 0 |
| Fixed Assets, net | 0 | 0 |
| (7) State Permitted Practices (Surplus): | | |
| Home Office Property | 0 | 0 |
| (8) Statutory Surplus, NAIC SAP | 6,855,721 | 6,488,574 |

Note 2 – Accounting Changes and Corrections of Errors

NO CHANGE

Note 3 – Business Combinations and Goodwill

This note is not applicable to the Company.

Note 4 – Discontinued Operations

This note is not applicable to the Company.

Note 5 – Investments

The Company does not have investments relating to mortgage loans, debt restructuring, reverse mortgages, loan-backed securities, repurchase agreement, or real estate.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in joint ventures, partnerships, or limited liability companies.

Note 7 – Investment Income

The Company has no investment income due and accrued over 90 days past due.

Note 8 – Derivative Instruments

The Company does not invest in derivatives.

Note 9 – Income Taxes

This note is not applicable to the Company.

Note 10 – Information Concerning Parent, Subsidiaries, and Affiliates

The Company’s provider contracts are all negotiated in conjunction with Total Health Care, Inc., the Company’s parent company. This contracting methodology ultimately produces a blended contract rate, which is higher than Total Health Care, Inc. would have incurred had it contracted for Medicaid members only, and a rate significantly lower than Total Health Care USA, Inc. could obtain for its commercial members. During 2007 an agreement was negotiated between the companies whereby the cost savings realized by the Company would be shared with Total Health Care, Inc., thus reducing some of the excess cost realized by Total Health Care, Inc. The amount of the adjustment for 2008 was \$3,816,000 which has been recorded as an increase in hospital and medical expenses. Total Health Care, Inc. made capital contributions to the Company in 2008 in the amount of \$954,000.

This agreement was terminated effective 12/31/2008.

Note 11 – Debt

This note is not applicable to the Company.

Notes to Financial Statement

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

This note is not applicable to the Company.

Note 13 – Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-reorganizations

NO CHANGE

Note 14 – Contingencies

NO CHANGE

Note 15 – Leases

This note is not applicable to the Company.

Note 16 – Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

This note is not applicable to the Company.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

This note is not applicable to the Company.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

This note is not applicable to the Company.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third-party Administrators

This note is not applicable to the Company.

Note 20 – Other Items

NO CHANGE

Note 21 – Events Subsequent

No unusual or material events have occurred subsequent to year end.

Note 22 – Reinsurance

A. Ceded Reinsurance Report

NO CHANGE

B. Uncollectible Reinsurance

NO CHANGE

C. Commutation of Ceded Reinsurance

NO CHANGE

Note 23 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

This note is not applicable to the Company.

Note 24 – Change in Incurred Losses

Notes to Financial Statement

NO CHANGE

Note 25 – Intercompany Pooling Arrangements

This note is not applicable to the Company.

Note 26 – Structured Settlements

This note is not applicable to the Company.

Note 27 – Health Care Receivables

NO CHANGE

Note 28 – Participating Policies

This note is not applicable to the Company.

Note 29 – Premium Deficiency Reserves

This note is not applicable to the Company.

Note 30 – Anticipated Salvage and Subrogation

NO CHANGE

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
3. Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes[] No[] N/A[X]
- If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2005.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2005.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....08/02/2007.....
- 6.4 By what department or departments?

MICHIGAN OFFICE OF FINANCIAL AND INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|----------------|------------------------|--------------|--------------|--------------|--------------|--------------|
| Affiliate Name | Location (City, State) | FRB | OCC | OTS | FDIC | SEC |
| | | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:

Yes[] No[X]
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....10,202

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| 14.21 Bonds | | |
| 14.22 Preferred Stock | | |
| 14.23 Common Stock | | |
| 14.24 Short-Term Investments | | |
| 14.25 Mortgages Loans on Real Estate | | |
| 14.26 All Other | | |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------------------------------|--------------------------------------------|
| COMERICA BANK - LYNN HUTZEL-VISEL | 611 WOODWARD AVE., DETROIT, MI 48226 |
| FIRST INDEPENDENCE NAT'L BANK - RHONDA PUGH | 44 MICHIGAN AVE., DETROIT, MI 48226 |
| SMITH BARNEY - ALBERT BERGER | 101 W BIG BEAVER RD., TROY, MI 48084 |

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|------------------------|-------------|
| | | | |

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|-----------------------------------------|--------------|--------------|
| | | |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
17.2 If no, list exceptions:

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Location | 6 Type of Reinsurance Ceded | 7 Is Insurer Authorized? (Yes or No) |
|---------------------------------------------|------------------------------|------------------------|-----------------------------|------------------|--------------------------------------|-----------------------------------------------|
| | | | | | | |
| Accident and Health - Non-affiliates | | | | | | |
| 20621 | 04-2475442 | 11/01/2008 | ONEBEACON AMER INS CO | CANTON, MA | SSL/L/I | Yes[X] No[] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | | 1 | Direct Business Only | | | | | | | |
|----------------------|---------------------------------------------------------------------|---------------|------------------------------|----------------------|--------------------|----------------------------------------------------|----------------------------------------------------|-----------------------------|---------------------------|------------------------|
| | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| State, Etc. | | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1. | Alabama (AL) | N .. | | | | | | | | |
| 2. | Alaska (AK) | N .. | | | | | | | | |
| 3. | Arizona (AZ) | N .. | | | | | | | | |
| 4. | Arkansas (AR) | N .. | | | | | | | | |
| 5. | California (CA) | N .. | | | | | | | | |
| 6. | Colorado (CO) | N .. | | | | | | | | |
| 7. | Connecticut (CT) | N .. | | | | | | | | |
| 8. | Delaware (DE) | N .. | | | | | | | | |
| 9. | District of Columbia (DC) | N .. | | | | | | | | |
| 10. | Florida (FL) | N .. | | | | | | | | |
| 11. | Georgia (GA) | N .. | | | | | | | | |
| 12. | Hawaii (HI) | N .. | | | | | | | | |
| 13. | Idaho (ID) | N .. | | | | | | | | |
| 14. | Illinois (IL) | N .. | | | | | | | | |
| 15. | Indiana (IN) | N .. | | | | | | | | |
| 16. | Iowa (IA) | N .. | | | | | | | | |
| 17. | Kansas (KS) | N .. | | | | | | | | |
| 18. | Kentucky (KY) | N .. | | | | | | | | |
| 19. | Louisiana (LA) | N .. | | | | | | | | |
| 20. | Maine (ME) | N .. | | | | | | | | |
| 21. | Maryland (MD) | N .. | | | | | | | | |
| 22. | Massachusetts (MA) | N .. | | | | | | | | |
| 23. | Michigan (MI) | L .. | 12,967,777 | | | | | | 12,967,777 | |
| 24. | Minnesota (MN) | N .. | | | | | | | | |
| 25. | Mississippi (MS) | N .. | | | | | | | | |
| 26. | Missouri (MO) | N .. | | | | | | | | |
| 27. | Montana (MT) | N .. | | | | | | | | |
| 28. | Nebraska (NE) | N .. | | | | | | | | |
| 29. | Nevada (NV) | N .. | | | | | | | | |
| 30. | New Hampshire (NH) | N .. | | | | | | | | |
| 31. | New Jersey (NJ) | N .. | | | | | | | | |
| 32. | New Mexico (NM) | N .. | | | | | | | | |
| 33. | New York (NY) | N .. | | | | | | | | |
| 34. | North Carolina (NC) | N .. | | | | | | | | |
| 35. | North Dakota (ND) | N .. | | | | | | | | |
| 36. | Ohio (OH) | N .. | | | | | | | | |
| 37. | Oklahoma (OK) | N .. | | | | | | | | |
| 38. | Oregon (OR) | N .. | | | | | | | | |
| 39. | Pennsylvania (PA) | N .. | | | | | | | | |
| 40. | Rhode Island (RI) | N .. | | | | | | | | |
| 41. | South Carolina (SC) | N .. | | | | | | | | |
| 42. | South Dakota (SD) | N .. | | | | | | | | |
| 43. | Tennessee (TN) | N .. | | | | | | | | |
| 44. | Texas (TX) | N .. | | | | | | | | |
| 45. | Utah (UT) | N .. | | | | | | | | |
| 46. | Vermont (VT) | N .. | | | | | | | | |
| 47. | Virginia (VA) | N .. | | | | | | | | |
| 48. | Washington (WA) | N .. | | | | | | | | |
| 49. | West Virginia (WV) | N .. | | | | | | | | |
| 50. | Wisconsin (WI) | N .. | | | | | | | | |
| 51. | Wyoming (WY) | N .. | | | | | | | | |
| 52. | American Samoa (AS) | N .. | | | | | | | | |
| 53. | Guam (GU) | N .. | | | | | | | | |
| 54. | Puerto Rico (PR) | N .. | | | | | | | | |
| 55. | U.S. Virgin Islands (VI) | N .. | | | | | | | | |
| 56. | Northern Mariana Islands (MP) | N .. | | | | | | | | |
| 57. | Canada (CN) | N .. | | | | | | | | |
| 58. | Aggregate other alien (OT) | X X X .. | | | | | | | | |
| 59. | Subtotal | X X X .. | 12,967,777 | | | | | | 12,967,777 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X .. | | | | | | | | |
| 61. | Total (Direct Business) | (a)..... 1 | 12,967,777 | | | | | | 12,967,777 | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 5801. | | X X X .. | | | | | | | | |
| 5802. | | X X X .. | | | | | | | | |
| 5803. | | X X X .. | | | | | | | | |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | X X X .. | | | | | | | | |
| 5899. | TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) | X X X .. | | | | | | | | |

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

TOTAL HEALTH CARE, INC. – PARENT
38-2018957, NAIC #95644, STATE OF MICHIGAN

TOTAL HEALTH CARE USA, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.
38-3240485, NAIC #12326, STATE OF MICHIGAN

TOTAL HEALTH CHOICE, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.
33-0603319, NAIC #95134, STATE OF FLORIDA

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | RESPONSE |
|-----------------------------------------------------------------------------------------------------------------------|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | No |

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2009** OF THE **TOTAL HEALTH CARE USA, INC.**

SCHEDULE A - VERIFICATION

| Real Estate | | |
|-----------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
| | 1 | 2 |
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 | 2 |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest paid | | |
| 9. Total foreign exchange change in book value/recorded investment | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| Description | 1 | 2 |
|----------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|-----------------------------------------------------------------------------------------------------------|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 2,121,251 | 80,000 |
| 2. Cost of bonds and stocks acquired | | 2,112,000 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | (1,565) | 9,251 |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | 482,782 | 80,000 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 1,636,904 | 2,121,251 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,636,904 | 2,121,251 |

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------------------------------|--------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------|
| | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 2,121,251 | | 482,782 | (1,565) | 1,636,904 | | | 2,121,251 |
| 2. Class 2 (a) | | | | | | | | |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 2,121,251 | | 482,782 | (1,565) | 1,636,904 | | | 2,121,251 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 2,121,251 | | 482,782 | (1,565) | 1,636,904 | | | 2,121,251 |

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|-----------------------|-----------------------------------------|----------------|---------------------|-----------------------------------------|---------------------------------------------------|
| 9199999. Totals | 7,745,521 | X X X | 7,745,521 | 21,509 | |

SCHEDULE DA - Verification

Short-Term Investments

| | | 1 Year To Date | 2 Prior Year Ended December 31 |
|-----|-------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|
| 1. | Book/adjusted carrying value, December 31 of prior year | 7,724,012 | 9,444,355 |
| 2. | Cost of short-term investments acquired | 21,509 | 7,808,657 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | 9,529,000 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized ... | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 7,745,521 | 7,724,012 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 7,745,521 | 7,724,012 |

| | | |
|------|----------------------------------------------------|------|
| SI04 | Schedule DB Part F Section 1 | NONE |
| SI05 | Schedule DB Part F Section 2 | NONE |
| SI06 | Schedule E - Verification (Cash Equivalents) | NONE |
| E01 | Schedule A Part 2 | NONE |
| E01 | Schedule A Part 3 | NONE |
| E02 | Schedule B Part 2 | NONE |
| E02 | Schedule B Part 3 | NONE |
| E03 | Schedule BA Part 2 | NONE |
| E03 | Schedule BA Part 3 | NONE |
| E04 | Schedule D Part 3 | NONE |

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
by the Company During the Current Quarter

| 1 | 2 | 3 F o r e i g n | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
|--------------------------------------------------------------------------|---------------------|--------------------------------------|------------------|----------------------|---------------------------------|---------------|--------------|----------------|------------------------------------------------------|----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|----------------------------------------|-------------------------------------|-----------------------------------------------------------------|------------------|---------------------------------------------------|-------|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | | |
| CUSIP Identification | Description | | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in B./A.C.V. (11 + 12 - 13) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Maturity Date | NAIC Designation or Market Indicator (a) | |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | | |
| 17312QAS8 | CITIBANK NA-NV 3.55 | | 01/02/2009 | SMITH BARNEY | X X X | 240,000 | 240,000.00 | 240,000 | 241,409 | | | | | | | | 1,409 | 1,409 | | 07/24/2009 | 1Z | |
| 200339DE6 | COMERICA BANK TX | | 01/02/2009 | SMITH BARNEY | X X X | 240,000 | 240,000.00 | 240,000 | 241,373 | | | | | | | | 1,373 | 1,373 | | 07/29/2009 | 1Z | |
| 3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | X X X | 480,000 | 480,000.00 | 480,000 | 482,782 | | | | | | | | 2,782 | 2,782 | | X X X | X X X | |
| 8399997 Subtotal - Bonds - Part 4 | | | | | X X X | 480,000 | 480,000.00 | 480,000 | 482,782 | | | | | | | | 2,782 | 2,782 | | X X X | X X X | |
| 8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X |
| 8399999 Subtotal - Bonds | | | | | X X X | 480,000 | 480,000.00 | 480,000 | 482,782 | | | | | | | | 2,782 | 2,782 | | X X X | X X X | |
| 8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X |
| 9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X |
| 9899999 Subtotal - Preferred and Common Stocks | | | | | X X X | | X X X | | | | | | | | | | | | | X X X | X X X | |
| 9999999 Total - Bonds, Preferred and Common Stocks | | | | | X X X | 480,000 | X X X | 480,000 | 482,782 | | | | | | | | 2,782 | 2,782 | | X X X | X X X | |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E06 Schedule DB Part B Section 1 NONE

E07 Schedule DB Part C Section 1 NONE

E07 Schedule DB Part D Section 1 NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month | | | 9 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-------|------------------|----------------------------------------------------|------------------------------------------------------|-----------------------------------|--------------|-------------|-------|
| | | | | | | | During Current Quarter | | | |
| | | | | | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | 6 | 7 | 8 | |
| Depository | | | Code | Rate of Interest | | | First Month | Second Month | Third Month | * |
| open depositories | | | | | | | | | | |
| FIRST INDEPENDENCE BANK | DETROIT, MI | | | | | | 2,689,106 | 1,930,118 | 2,084,447 | X X X |
| LMP MMkt Trt Western Asset Money Mkt Cl A | SMITH BARNEY | | | 0.550 | 1,519 | | 255,814 | 71,444 | 71,490 | X X X |
| Advanta Bk UT | SMITH BARNEY | 04/21/2008 | | 3.200 | 2,314 | | | | | X X X |
| American Express | SMITH BARNEY | 02/04/2009 | | 0.850 | | 313 | 240,000 | 239,585 | 239,657 | X X X |
| Associated Bank | SMITH BARNEY | 02/23/2009 | | 0.650 | | 120 | | 240,000 | 239,366 | X X X |
| Bank of America | SMITH BARNEY | 02/04/2009 | | 1.050 | | 387 | 240,000 | 239,791 | 239,827 | X X X |
| Banco Santander Puerto Rico | SMITH BARNEY | 04/11/2008 | | 3.350 | 2,432 | | | | | X X X |
| Branch Banking & Trust | SMITH BARNEY | 10/02/2008 | | 2.950 | | 1,249 | 96,308 | 96,275 | 96,132 | X X X |
| Capmark Bk UT | SMITH BARNEY | 04/11/2008 | | 3.300 | 2,387 | | | | | X X X |
| Chevy Chase Bank - VA | SMITH BARNEY | 10/02/2008 | | 3.000 | | 1,381 | 96,265 | 96,208 | 96,062 | X X X |
| Citibank , NA- NV | SMITH BARNEY | 10/20/2008 | | 3.550 | | 3,595 | 241,745 | 242,196 | 241,776 | X X X |
| Comerica Bank - TX | SMITH BARNEY | 10/24/2008 | | 3.500 | | 3,544 | 241,735 | 242,222 | 241,812 | X X X |
| Discover Bank | SMITH BARNEY | 02/18/2009 | | 0.800 | | 173 | | 239,467 | 239,549 | X X X |
| Doral Bank - PR | SMITH BARNEY | 04/11/2008 | | 3.350 | 2,441 | | | | | X X X |
| Eurobank PR | SMITH BARNEY | 04/11/2008 | | 3.400 | 2,477 | | 96,049 | | | X X X |
| Firstbank Puerto Rice PR | SMITH BARNEY | 04/11/2008 | | 3.400 | 277 | | | | | X X X |
| GE Capital Fin UT | SMITH BARNEY | 05/09/2008 | | 3.250 | 2,368 | | 96,081 | | | X X X |
| Goldman Sachs Bank | SMITH BARNEY | 02/04/2009 | | 1.000 | | 368 | 240,000 | 239,741 | 239,784 | X X X |
| M&I Marshall & Ilsley Bank | SMITH BARNEY | 02/10/2009 | | 0.800 | | 263 | 240,000 | 239,904 | 239,940 | X X X |
| Merrick Bk UT | SMITH BARNEY | 04/11/2008 | | 3.300 | 2,387 | | | | | X X X |
| RBS Citizens rate | SMITH BARNEY | 02/04/2009 | | 0.750 | | 276 | 240,000 | 239,890 | 239,935 | X X X |
| Wright Express Fin UT | SMITH BARNEY | 05/12/2008 | | 3.300 | 2,387 | | 96,097 | | | X X X |
| 0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories | | | X X X | X X X | | | | | | X X X |
| 0199999 Totals - Open Depositories | | | X X X | X X X | 20,989 | 11,669 | 5,109,200 | 4,356,841 | 4,509,777 | X X X |
| 0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories | | | X X X | X X X | | | | | | X X X |
| 0299999 Totals - Suspended Depositories | | | X X X | X X X | | | | | | X X X |
| 0399999 Total Cash On Deposit | | | X X X | X X X | 20,989 | 11,669 | 5,109,200 | 4,356,841 | 4,509,777 | X X X |
| 0499999 Cash in Company's Office | | | X X X | X X X | X X X | X X X | | | | X X X |
| 0599999 Total Cash | | | X X X | X X X | 20,989 | 11,669 | 5,109,200 | 4,356,841 | 4,509,777 | X X X |

E09 Schedule E Part 2 Cash Equivalents NONE

Supp1 Medicare Part D Coverage Supplement NONE

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